

**UNITED STATES DISTRICT COURT
DISTRICT OF OREGON**

Civil Case No. _____

Plaintiff(s),
v.

APPLICATION FOR SPECIAL
ADMISSION – *PRO HAC VICE*

Defendant(s).

Attorney _____ requests special admission *pro hac vice* in
the above-captioned case.

Certification of Attorney Seeking *Pro Hac Vice* Admission: I have read and understand the
requirements of LR 83-3, and certify that the following information is correct:

(1) PERSONAL DATA:

Name: _____
(Last Name) (First Name) (MI) (Suffix)

Firm or Business Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Business E-mail Address: _____

(2) BAR ADMISSIONS INFORMATION:

(a) State bar admission(s), date(s) of admission, and bar ID number(s):

(b) Other federal court admission(s), date(s) of admission, and bar ID number(s):

(3) CERTIFICATION OF DISCIPLINARY ACTIONS:

(a) ☐ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or

(b) ☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)

(4) CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:

Per LR 83-3(a)(3), I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.

(5) REPRESENTATION STATEMENT:

I am representing the following party(s) in this case:

(6) CM/ECF REGISTRATION:

Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at ord.uscourts.gov), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this _____ day of _____, _____

/Karen R. Frostrom

(Signature of Pro Hac Counsel)

(Typed Name)

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

DATED this _____ day of _____, _____

(Signature of Local Counsel)

Name: _____
(Last Name) (First Name) (MI) (Suffix)

Oregon State Bar Number: _____

Firm or Business Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Business E-mail Address: Katherine@heekinlawoffice.com

COURT ACTION

☐ Application approved subject to payment of fees.

☐ Application denied.

DATED this _____ day of _____, _____

Judge